

01-03-01

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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 42390P9571

(maximum 12 characters)

First Named Inventor Gregory HibdonTitle: SELECTIVE EXPANSION OF HIGH-LEVEL DESIGN LANGUAGE MACROS FOR AUTOMATED DESIGN MODIFICATIONExpress Mail Label No. EL 750127621 US

ADDRESS TO: Assistant Commissioner for Patents
 Box Patent Application
 Washington, D. C. 20231

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ **Fee Transmittal Form (e.g., PTO/SB/17)**
 (Submit an original, and a duplicate for fee processing)
2. ☐ **Applicant Claims Small Entity Status. (37 CFR 1.27)**
3. ☒ **Specification (Total Pages 23)**
 (preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference sequence listing, a table,
 or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ **Drawings) (35 USC 113) (Total Sheets 8)**
5. ☒ **Oath or Declaration (Total Pages 6)**
 - a. ☐ Newly Executed (Original or Copy)
 - b. ☐ Copy from a Prior Application (37 CFR 1.63(d))
 (for Continuation/Divisional with Box 17 completed)
 - i. ☐ **DELETIONS OF INVENTOR(S)** Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
 - c. ☒ Unsigned.
6. ☐ **Application Data Sheet. (37 CFR 1.76)**
7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence Submission
 (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. ☐ Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies), or
 - ii. ☐ paper
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. _____ **Assignment Papers (cover sheet & documents(s))**
10. _____ a. Separate 37 CFR 3.73(b) Statement (where there is an assignee)
- _____ b. Power of Attorney
11. _____ English Translation Document (if applicable)
12. _____ a. Information Disclosure Statement (IDS)/PTO-1449
- _____ b. Copies of IDS Citations
13. _____ **Preliminary Amendment**
14. X **Return Receipt Postcard (MPEP 503) (Should be specifically itemized)**
15. _____ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. _____ **Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.**
17. _____ Other: _____

18A. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

_____ Continuation _____ Divisional _____ Continuation-in-part (CIP)
 Of Prior Application No.: _____ Examiner _____ Group Art Unit _____

(which is a _____ continuation/ _____ divisional/ _____ CIP of prior application no. _____,
 which is a _____ continuation/ _____ divisional/ _____ CIP of prior application no. _____) (List entire chain of priority)

For CONTINUATION AND DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18B. Statement under 37 CFR 3.73(b) for continuing application:

The undersigned states that _____ (name of assignee) is the assignee of the entire right, title, and interest in the accompanying patent application by virtue of an assignment recorded in the Patent and Trademark Office at Reel. No. _____ Frame No. _____ (or a copy of which is attached).

19. Correspondence Address

_____ Customer Number or Bar Code Label _____
 or _____ (Insert Customer No. or Attach Bar Code Label here)

 X Correspondence Address Below

NAME _____

 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

ADDRESS 12400 Wilshire Boulevard

 Seventh Floor

CITY Los Angeles STATE California ZIP CODE 90025-1026

Country U.S.A. TELEPHONE (303) 740-1980 FAX (303) 740-6962

Name (PRINT/TYPE): Michael A. DeSanctis Registration No. 39,957

Signature: [Signature] Date: 12/30/00

FEE TRANSMITTAL FOR FY 2001

TOTAL AMOUNT OF PAYMENT (\$)	<u>\$942.00</u>
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Complete if Known:

Application No. Not yet assigned
Filing Date Concurrently herewith
First Named Inventor Gregory Hibdon
Group Art Unit Not yet assigned
Examiner Name Not yet assigned
Attorney Docket No. 42390P9571

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number	02-2666
Deposit Account Name	

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☐ Applicant claims small entity status. See 37 CFR 1.27

2. X Payment Enclosed: X Check
 Credit Card
 Money Order
 Other

FEE CALCULATION

1. BASIC FILING FEE

<u>Large Entity</u>		<u>Small Entity</u>			
Fee	Fee	Fee	Fee		
Code	(\$)	Code	(\$)	<u>Fee Description</u>	<u>Fee Paid</u>
101	710	201	355	Utility application filing fee	<u>\$710.00</u>
106	320	206	160	Design application filing fee	_____
107	490	207	245	Plant filing fee	_____
108	710	208	355	Reissue filing fee	_____
114	150	214	75	Provisional application filing fee	_____

SUBTOTAL (1) \$ 710.00

2. EXTRA CLAIM FEES

2. <u>EXTRA CLAIM FEES</u>			Fee from	
		<u>Extra Claims</u>	<u>below</u>	<u>Fee Paid</u>
Total Claims	<u>24</u>	- 20** = <u>4</u>	X <u>18.00</u>	= <u>\$72.00</u>
Independent Claims	<u>5</u>	- 3** = <u>2</u>	X <u>80.00</u>	= <u>\$160.00</u>
Multiple Dependent				=

****Or number previously paid, if greater; For Reissues, see below.**

<u>Large Entity</u>		<u>Small Entity</u>		
Fee	Fee	Fee	Fee	
Code	(\$)	Code	(\$)	<u>Fee Description</u>
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 232.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

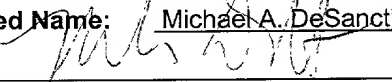
Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	130	123	130	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	For filing a submission after final rejection (see 37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (see 37 CFR 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other fee (specify) _____					
Other fee (specify) _____					

SUBTOTAL (3) \$ 0.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:

Typed or Printed Name: Michael A. DeSanctis

Signature:  Date: 12/30/00

Reg. Number: 39,957 Phone Number: (303) 740-1980

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.